

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

►START HERE. Read Instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name)	Name (Family Name) First Name (Given Name) Middle Initial Other Na				
Address (Street Number and Name)	Apt. Number	City or Town	State	Zip Code	
Date of Birth (mm/dd/yyyy) U.S. Social	Security Number E-mail Addre	ess	Tele	phone Number	
am aware that federal law provide onnection with the completion of		fines for false statements	or,use of false d	ocuments in	
attest, under penalty of perjury, the	nat I am (check one of the f	ollowing):			
A noncitizen national of the Unite	d States (See instructions)	•			
A lawful permanent resident (Alie	n Registration Number/USC	IS Number):		•	
An alien authorized to work until (exp. (See instructions)	iration date, if applicable, mm/d	d/yyyy):	Some aliens may w	rite "N/A" in this field.	
For aliens authorized to work, pro	ovide your Alien Registration	Number/USCIS Number OR	Form I-94 Admis	sion Number:	
1. Alien Registration Number/US	CIS Number:				
OR			Do	3-D Barcode Not Write in This Spac	
2. Form I-94 Admission Number:	· · · · · · · · · · · · · · · · · · ·			•	
If you obtained your admission States, include the following:	number from CBP in connec	ction with your arrival in the U	Inited		
Foreign Passport Number: _					
	•				
Some aliens may write "N/A" o	·	•	fields. (See instru	ıctions)	
nature of Employee: Date (mi			Date (mm/dd/yyyy	n/dd/yyyy):	
Preparer and/or Translator Cer	tification (To be completed	and signed if Section 1 is pro	epared by a pers	on other than the	
attest, under penalty of perjury, th	at I have assisted in the co	ompletion of this form and	that to the best	of my knowledge th	
nformation is true and correct.			Date	(mm/dd/yyyy):	
				(
Signature of Preparer or Translator: ast Name (Family Name)	9	First Name (Giver		,	

)

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Init	tial from Section	11:			•		
List A OR Identity and Employment Authorization	List Iden	_	ANI		List C	Authorization	
Document Title:	ocument Title:			Document Til	le:		
Issuing Authority:	ssuing Authority:	-	.,	Issuing Autho	ority:		
Document Number:	ocument Numbe	er:		Document No	ımber:		
Expiration Date (if any)(mm/dd/yyyy):	xpiration Date (if	any)(mm/dd/yyyy):		Expiration Da	te (if any)(n	nm/dd/yyyy):	
Document Title:							
Issuing Authority:	•						
Document Number:							
Expiration Date (if any)(mm/dd/yyyy):						3-D Barcode	
Document Title:					Do Not	Write in This Space	
Issuing Authority:				1			
Document Number:		,					
Expiration Date (if any)(mm/dd/yyyy):		,					
I attest, under penalty of perjury, that (1) I had above-listed document(s) appear to be genuemployee is authorized to work in the United	iine and to rela d States.	the document(s ate to the emplo	yee named,	by the abov and (3) to ti ructions for	he best of	my knowledge the	
The employees meetaly of employment (missas y) ///.			<u> </u>	of Employer or Authorized Representative			
Signature of Employer or Authorized Representative .	,	·	Title of	⊏inbloyer or A	unionzeu A	ehieseittative	
Last Name <i>(Family Name)</i> Fir	rst Name (Given	Name)	Employer's Bu	siness or Org	anization Na	ime	
Employer's Business or Organization Address (Stree	t Number and Na	ame) City or Town	ı ,		State	Zip Code	
Section 3. Reverification and Rehire							
A. New Name (if applicable) Last Name (Family Nan	ne) First Name (Given Name)	Middle Initia	al B. Date of	Rehire (if ap	pplicable) (mm/dd/yyyy):	
C. If employee's previous grant of employment authori presented that establishes current employment auti	ization has expire horization in the s	d, provide the inform pace provided belov	nation for the dow.	ocument from	List A or List	C the employee	
Document Title:	Docum	ent Number:		E	xpiration Da	te (if any)(mm/dd/yyyy):	
I attest, under penalty of perjury, that to the be the employee presented document(s), the doc	est of my know ument(s) I have	ledge, this emplo e examined appe	yee is autho ar to be genu	rized to wor uine and to r	k in the Ur elate to th	nited States, and if e individual.	
Signature of Employer or Authorized Representative	e: Date (n	nm/dd/yyyy):	Print Name o	of Employer or	Authorized	Representative:	

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity OR AN	LIST C Documents that Establish Employment Authorization
1.U.S. Passport or U.S. Passport Card 2.Permanen t Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa	1.Dr iver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2.ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
Employment Authorization Document that contains a photograph (Form I-766)	information such as name, date of birth, gender, height, eye color, and address	 Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	3.Sc hool ID card with a photograph 4. Voter's registration card	Certification of Report of Birth issued by the Department of State (Form DS-1350)
a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport;	U.S. Military card or draft record Military dependent's ID card 7.U.S. Coast Guard Merchant Mariner Card	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	8. Native American tribal document	Native American tribal document
	9.Dr iver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.